

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Norton		NW 1/4 NW 1/4 NW 1/4	15	T 4 S	R 22 E/W
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Dean Esslinger - KST Partners					
RR#, St. Address, Box # : RR 3, Box 45			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Norton, Ks 67654			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 173 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL h.w. ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 8 in. to 180 ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
<input checked="" type="checkbox"/> 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped
<input checked="" type="checkbox"/> 2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
Blank casing diameter 4 1/2 in. to 113 ft. Dia		7 Fiberglass	Threaded		
Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. 2.48					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify)	
SCREEN-PERFORATED INTERVALS:					
From 113 ft. to 173 ft.		ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:					
From 20 ft. to 173 ft.		ft. From _____ ft. to _____ ft.			
From _____ ft. to _____ ft.		ft. From _____ ft. to _____ ft.			
From _____ ft. to _____ ft.		ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other	
Grout Intervals From 0 ft. to 20 ft.		ft. From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/ Gas well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
				13 Insecticide storage	none
Direction from well?		How many feet?			
FROM	TO	CODE	LITHOLOGIC LOG		PLUGGING INTERVALS
0	2		Surface	173	174 Flint
2	12		Loess	174	180 Yellow, pink ochre
12	16		Clay		
16	25		Caliche		
25	30		Fine sand & caliche		
30	36		Sandstone		
36	58		Fine sand w/sandstone & Caliche		
58	76		Clay & caliche		
76	111		Fine to med sand w/clay lens		
111	145		Clay		
145	160		Fine sand w/clay strks		
160	166		Clay		
166	173		Fine sand w/clay strks		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was					
completed on (mo/day/yr) 10-01-04		and this record is true to the best of my knowledge and belief. Kansas			
Water Well Contractor's License No. 554		This Water Well Record was completed on (mo/day/yr) 10-15-04			
under the business name of Woofert Pump & Well Inc.		by (signature) <i>[Signature]</i>			
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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